-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed before the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is not required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement
 must submit this form to the filing official designated to receive the elected candidate's campaign finance
 disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.
- If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State's Bureau of Elections and/or the appropriate county clerks as necessary.

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.

I further acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.558, 933 and 936)

Signature of Candidate:

Printed Name of Candidate:

Dennis W. Banasca (

Residential Address:

Color Lotte T

Phone:

God 893-8024

Office You Will Assume:

3rd Ward Bay City Cammission

Subscribed and sworn to by Dennis W. Banascake of Notary: With a A. hur zake

before me on the Stady of November 2009 Notary Public, State of Michigan, County of Gay

My commission expires

2/4/2014

Stenature of notary public

Stenature of notary public

(Rev. 2/2008)



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID#: 150052	11 Name and Additional Property of the Propert
150053	11. Name and Address of Depositories or Intended Depositories
2. Type of Filing:	of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
☐ Original	1
Amendment to Items: 40 Eff. Date: 1 18 1 200	a. Official Depository
Lin. Date. 1 10 1000	9
3. Full Name of Committee:	
	Roy English
i .	i
4a. Candidate Full Name (Last, First, M.I.):	b. Secondary Depository
tanto i di itanie (Last, First, W.I.):	·
4b. Political Party (if applicable):	
(if applicable).	
4c. County of Residence:	12. This item applies only to Gubernatorial Candidate
ro. County of residence.	o o minutes. Offeck if this committee intended a section of
4d. Office Sought (Check one):	contributions or make qualifying expenditures.
	•
State Senator	13. MERTS PLUS: This item applies to committees that file with the
☐ State Rep. ☐ Sec. of State ☐ Attorney Gen	
☐ State Bd. of Ed. ☐ UofM Reg. ☐ MSU Trustee	apply to candidates that file with the County Clerk's office.
□WSU Gov. □Supreme Court □Appeals Court	and the Country Clerk's office.
The Committee of the Co	The Campaign Finance Act requires any committee that files
DMunicipal Court	with the Secretary of State and spends or receives \$20,000 in the
XLocal or other please specify: Wy Commussioner 4e. District/Circuit # or Jurisdiction: 3## Ward	preceding calendar year OP expects to
ALOCAL OF OTHER Please specify: Uty Williams with	preceding calendar year OR expects to receive or spend \$20,000 in the
10 District Circuit 4 - 1 Wand	in the current calendar year to file campaign statements
4e. District Circuit # or Jurisdiction:	electronically. Merts Plus software is provided to you free of
6 Data Committee	charge to assist you in meeting this requirement.
5. Date Committee was Formed://	Committee
C- 0 1// B)	Committee spent or received or expects to spend or receive in
6a. Committee Phone #;()	oxides of \$20,000 and is required to file electronically.
	. *** OR **
6b. Committee Fax #: ()	Committee did not spend or receive or does not expect to spend
	1 CACCOS OF \$20,000 and Would like to file electronic and the
6c. Committee E-mail Address:	voluntarily.
7a. Complete Comm. Mailing Address (May be PO Box):	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the obeys attack.
t and a boxy.	
7b. Complete Comm. Street Address (May not be PO Box):	
(may not be 1 O Box);	
	preparation of each statement electronically filed by this committee
8. Treasurer Name and Complete Address:	and that the contents of each statement will be this committee
omplete Address:	
	complete to the best of my/our knowledge or belief. (Sign Name
Phone #: ()	Candidate:
E-mail Address:	our pidate.
_ ···aii / taai 655.	
9 Designated Record Version 1	X X/OMMAN IN PROMISE NO NO IN
9. Designated Record Keeper Name and Complete Address:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
·	Current Treasurer:
	Current freasurer:
Phone # /	
Phone #: ()	XX le min la Para la P
E-mail Address:	- 20mble 1 19 109
10. REPORTING WAIVER REQUEST: If the committee does	Designated Record Keeper (Required only if filing electronically):
not expect to receive or expend in excess of \$1,000 in an election	, many discussificany).
and checks this how the filing requirement of	
and checks this box; the filing requirement of pre, post and annual	
campaign statements is waived. The Reporting Waiver will be	
automatically lost if the committee exceeds the \$1,000 threshold.	
₹101 CAN SO.doc REV 10/02: Authority granted under Act 388 of 1976, as ame	nded



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

2. Type of Filing: Original Original Original	STATEMENT OF ORGANIZATION	FORM FOR CANDIDATE COMMITTEES
Committee Comm	1. Committee ID #: 1500 5 3	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and appual
3. Full Name of Committee (must Include Candidate's first and last name): Committee (must. (Michigan Bank, Credit Union or Savings & Los Association) 4a. Candidate Full Name (Last, First, M.I.): Dana 67 x 4 A. Political Party (if applicable): Dana 67 x 4 4b. Political Party (if applicable): Dana 67 x 4 4c. County of Residence: Bay 4d. Office Sought (Check one): MSU Trustee State Bd. of Ed. Uo/M Reg. MSU Trustee WSU Cov. Manicipal Court District Court Municipal Court District Court Municipal Court District Court District Court District Court District Court District Phone #: 6b. Committee Phone #: 6c. Committee Phone #: 6c. Committee E-mail Address: Abana 67 x 1 Po Box): Correction of the district Court Dist	Amendment to Items: Eff. Date: 7-27-07	campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
4a. Candidate Full Name (Last, First, M.I.): Davas Zak Dennis William 4b. Political Party (if application): 4c. County of Residence: Bay 4d. Office Sought (Check one): Governor State Rep. State Bd of Ed. Uoth Reg. Appeals Court District Court District Court District Court District Court District Court Frobate Court Appeals Court Municipal Court Local or other please specify 4e. District/Circuit # or Jurisdiction: 5. Date Committee specify 6a. Committee Phone # 6b. Committee Fax #: 6c. Committee E-mail Address (May not be PO Box): Circuit Court District Court The Campaign Finance Act requires appeals to committee that files with the Scoretary of State and spends or received no receive in excess of \$20,000 and sequence of received no receive in excess of \$20,000 and would like to file electronically. Voluntarily. Committee Gid not spend or received or expect to spend or received in the preparation of the above statement and that the eighatures and complete spends and complete contents are not preparation of each statement and that the signatures that file with the preparation of the above statement and that the contents are not preparation of the above statement and that the signatures is the signatures that resignatures that	3. Full Name of Committee (must include Candidate's first	or committee funds. (Michigan Bank, Credit Union or Savings & Loa
4c. County of Residence: Bay 4d. Office Sought (Check one): Secortic State Rep. Sec. of State Attorney Gen. State Bad. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Probate Court District Court District Court Probate Court Probate Court Probate Court Probate Court Probate Court Municipal Court Probate Court Probate Court State Burseu of Elections only and does not apply to candidates that files with the Michigan Department of State Burseu of Elections only and does not apply to candidates that files with the Secretary of State and spends or receives \$20,000 in the secretary of State and spends or receives \$20,000 in the secretary of State and spends or receives \$20,000 in the secretary of State and spends or receive \$20,000 in the secretary of State and spends or receive \$20,000 in the secretary of State and spends or receive \$20,000 in the secretary of State and spends or receive spend \$20,000 in the secretary of State and spends or receive and statements and testing the secretary of State and spends or receive or spend \$20,000 in the secretary of State and spends or receive in secretary of State and spends or receive or spend \$20,000 in the secretary of State and spends or receive or spend \$20,000 in the secretary of State and spends or receive or spend \$20,000 in the secretary of State and spends or receive or spend \$20,000 in the secretary of State and spends or receive in secretary of State and s	4a. Candidate Full Name (Last. First MI). Page 4576	a. Official Depository
Secondary Depository	Davaszak Dennis William 4b. Political Party (if applicable):	to 10 lite 12
Governor Lit. Governor State Senator State Rep. Sec. of State Altorney Gen. State Rep. Sec. of State Appeals Court Appeals Court Appeals Court Appeals Court Appeals Court District Court District Court Probate Court Appeals Court District Court Probate Court Appeals Court District Court Probate Court Proba	4c. County of Residence: Bay	
State Rep. Sec. of State MSU Trustee MSU Supreme Court Appeals Court MSU Trustee Appeals Court MSU Trustee Appeals Court MSU Trustee Appeals Court Municipal Court District Court Probate Court Municipal Court Ministry May of 4e. District/Circuit # or Jurisdiction: 5. Date Committee swas Formed: 13. ELECTRONIC FILING: This item applies to committees that file with the Ministry of State and spends or receives \$20,000 in the presentation of the superson of the properties of complete that files with the Scortatry of State and spends or receives \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendar year of Repetits to receive or spend \$20,000 in the preceding calendary year of Repetits to receive or spend \$20,000 in the preceding calendary	4d. Office Sought (Check one):	b. Secondary Depository
MSU Gov	State Rep. Sec. of State Attorney Gen.	none
4e. District/Circuit # or Jurisdiction: 5. Date Committee was Formed: 6a. Committee Phone #: 6b. Committee Fax #: 6c. Committee E-mail Address: dbanesza Fet Ta. 7a. Complete Comm. Mailing Address (May be PO Box): 6c. The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year to file campaign statements electronically. Mers bus oftware is provided to you free of charge to assist you in meeting this requirement. 6c. Committee E-mail Address (May be PO Box): 6c. Committee E-mail Address (May be PO Box): 6c. Committee E-mail Address (May not be PO Box): 6c. Committee Committee To file campain the province of Required	WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court Municipal Court	committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year to Respect to receive or spend \$20,000 in the preceding calendar year of File campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement. Complete Comm. Mailing Address (May be PO Box): Bay CHY MI A870 8 7b. Complete Comm. Street Address (May not be PO Box): Complete Comm. Street Address (May not be PO Box): 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of mylour knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee and that the contents of each statement filed electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of mylour knowledge or belief. (Sign Name and Daty) Phone #: E-mail Address: Designated Record Keeper Name and Complete Address: Cur Int reasure Designated Record Keeper (Required only if filing electronically):		with the Michigan Department of State Bureau of Flections only and
with the Secretary of State and spends or receives \$20,000 in the preceding calendar year to Respects to receive or spend \$20,000 in the current calendar year to Respects to receive or spend \$20,000 in the current calendar year to Respect to receive or spend \$20,000 in the current calendar year to Respect to receive or spend \$20,000 in the current calendar year to Respect to you free of charge to assist you in meeting this requirement. Committee E-mail Address (May not be PO Box): **OR** Committee Comm. Street Address (May not be PO Box): **OR** Committee Gin not spend or receive or does not expect to spend or receive in excess of \$20,000 and is required to file electronically. voluntarily. 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of mylour knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement electronically by the committee below shall serve as the signatures that verify the accuracy and completeness of each statement electronically by the committee below shall serve as the signatures that verify the accuracy and completeness of each statement electronically by the committee below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee below shall serve as the signatures that verify the accuracy and complete or the best of mylour knowledge or belief. (Sign Name and Daty) Phone #: E-mail Address: Designated Record Keeper (Required only if filing electronically):		1
committee E-mail Address: dbaneszake 5bbsnet-net 617 IAHh Street Committee spent or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically. 7b. Complete Comm. Street Address (May not be PO Box): 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement filed electronically by the committee. I/We certify that all reasonable diligence will b	6a. Committee Phone #:	preceding calendar year OR expects to receive s \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements
Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. Committee Spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. Committee Gid not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Daty Phone #: E-mail Address: Designated Record Keeper (Required only if filing electronically):	6c. Committee E-mail Address: domaszake, L	charge to assist you in meeting this requirement.
Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically by the committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Datr) Candida: Cur int reasure Phone #: E-mail Address: Designated Record Keeper (Required only if filing electronically):	7a. Complete Comm. Mailing Address (May be PO Box):	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7b. Complete Comm. Street Address (May not be PO Box): 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee life completeness of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Daty) Phone #: E-mail Address: Designated Record Keeper Name and Complete Address: Designated Record Keeper (Required only if filing electronically):		
14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filling electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Daty) Candid: Candid: Cur int reasury Designated Record Keeper (Required only if filing electronically):	1 1	or receive in excess of \$20,000 and would like to file electronically
8. Treasurer Name and Complete Address: 9. Designated Record Keeper Name and Complete Address: 8. Treasurer Name and Complete Address: 9. Designated Record Keeper (Required only if filing electronically): 8. Treasurer Name and Complete Address: 8. Treasurer Name and Complete to the best of my/our knowledge or belief. (Sign Name and that the contents of each statement filed electronically be used in the preparation of each statement filed electronically be used in the preparation of each statement filed electronically by the committee. If We complete Address in the preparation of each statement filed electronically by the committee. If We complete Address in the preparation of each statement filed electronically by the committee. If We complete Address in the preparation of each statement filed electr	· · · · · · · · · · · · · · · · · · ·	14. Verification: I/We certify that all reasonable diligence was used
Phone #: E-mail Address: 9. Designated Record Keeper Name and Complete Address: Cur ent reasur? Designated Record Keeper (Required only if filing electronically): E-mail Address:	8. Treasurer Name and Complete Address:	true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee
Phone #: 9. Designated Record Keeper Name and Complete Address: Cur ent reasure Candida Lewis W. Dawly Complete Cur ent reasure Designated Record Keeper (Required only if filing electronically): E-mail Address:		preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name)
Phone #: E-mail Address: Cur ant reasure Cur ant reasure Designated Record Keeper (Required only if filing electronically):		
Phone #: E-mail Address: Cur ant reasure Cur ant reasure Designated Record Keeper (Required only if filing electronically):	E-mail Address: >-	Candida Jelius () (Danisher
E-mail Address:	9. Designated Record Keeper Name and Complete Address:	•
E-mail Address:		
E-mail Address:	Phone #	Designated Record Keeper (Required onto it still
		(required only it filling electronically):
		inended



MICHIGAN DEPARTMENT OF STATE

CANDIDATE COMMITTEE COVER PAGE

COVER PAGE		FOR OFFIC	CIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	covers From: 2 - 1 200 \$	July 23, 2007.
1. Committee I.D. Number	4. Candidate La	st Name First Name	M.I.
150053	Bar	iszak Denni	19 W
2. Committee Name	4a. Office Sought	15 Zak Denni Including District # or Community Served	(If applicable)
2. Committee Name Committee to Elect Dennis W. Banaszak	4b. County of Res	idence Bay	
5. Committee's Mailing Address	6. Treasurer's Na	ne & Residential Address	
617 14th St. Bay City MI 48708	C_{σ}	indidate	Lange of
Area Code and Phone (989) 893 - 802 4	Area Code & Pho		Communica Contraction Contraction
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.			
7. Treasurer's Business Address	Designated Red Designated Recor	ord keeper's Name and Mailing Address (I	fithe committee has a
Candidate			
Area Code and Phone ()	A O 1 - 1 - 1 - 1		
Area Code and Phone ()	Area Code and Pf	one ()	
9. TYPE OF STATEMENT		9c Annual Statement (-)	Coverage Year)
9a. Pre-Election OR 9b. Post	:-Election		1/0 1/11 0 01
Pre-Election or Post-Election Statement relates to:	-Licodon	9d. Amendment to Campaign Staten or 9e to indicate which Statemen	
		9e. Dissolution of Candidate Commit	tee
Primary Gene	eral ,		
☐ Convention ☐ Scho	ool	Effective Date of D	issolution
☐ Special ☐ Cauc	cus		
Date of Election, Convention or Caucus	` t .	Month Day By checking this item, I\We certify that th	Year e committee has no assets or
August 7,2007		outstanding debts, including late filing fee the dissolution cannot be granted, that the	es. Further, I/We request that if is be considered a request for
Month Day Year		the Reporting Waiver. Note: The disposition of residual funds m 1B and the Summary Page.	sust be reported on Schedule
A committee that does not have a Reporting Waiver must file al Schedules. Direct contributions, in-kind contributions, loans, ex	ll required Campaigr penditures, and out	Statements. The Campaign Statements r	nust include all applicable
A committee that does not have a Reporting Waiver must file al Schedules. Direct contributions, in-kind contributions, loans, ex If any of the information listed in items 2, 4, 5, 6, 7, or 8 has charamendment to the Statement of Organization should accompandere the filing deadline of a required campaign statement.	inged since the inform by this Campaign State, that campaign state, that campaign state.	mation was shown on the committee's Stat tement. If a request for a Reporting Wai atement cannot be waived	lement of Organization, an ver is not received on or
	^		
10. Verification: I/We certify that all reasonable diligence was us my/our knowledge and belief the contents are true, accurate an	sed in the preparation discomplete.	or this statement and attached schedules	s (if any) and to the best of
Current Treasurer or Dennis W. Banas Z Designated Record keeper Type or Print Name	ak Konuk Signatu	Date Date	e 7 77 67 Vear
CandidateType or Print Name	/ Signatur	Date	Mo Day Year
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jignatui		No Day 1eal

Para talah talah kalangan kacamatan berasakan berasakan



1. Committee I.D. Number
2. Committee Name Cammittee to Elect
Dennis W. Banacrak

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS		
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	d.	a simulation and discinoling Cycle
·	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	·	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES 8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	K	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8a.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8b.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(8c.) \$	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	(9.) \$	(23.) \$
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	4	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.)\$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 1581,35	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	
Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	
5. SUBTOTAL Add lines 13 and 14	(15.) = \$	
6. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
(Add liftes 9 and 11) 7. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	



MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS OPIGINAL OF	OR AMENDED
	FORM FOR CANDIDATE COMMITTEES
2. Type of Filing: Original Amendment to Items: 44 Eff. Date: 6/15/07	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect Dennis W.	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
4a. Candidate Full Name (Last, First, M.I.): Banasza Banaszak Dennis William 4b. Political Party (if applicable): DIA 4c. County of Residence: Bay	a. Official Depository Communication Family Federal Credit Union b. Secondary Depository
4d. Office Sought (Check one):	b. Secondary Depository
Governor State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Circuit Court District Court Probate Court	12 This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify: Mayor 4e. District/Circuit # or Jurisdiction:	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 6a. Committee Phone #: 6b. Committee Fax #: 6c. Committee E-mail Address: down as zake + Sbbs net - Net 7a. Complete Comm. Mailing Address (May be PO Box):	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement. Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
617 14th Street	** OR **
Bay City MI 48768 b. Complete Comm. Street Address (May not be PO Box):	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
Treasurer Name and Complete Address:	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
mail Address:	Candidate: Cause I Sure & Cal 15/07

Designated Record Keeper (Required only if filing electronically):

Phone #: E-mail Address:

752-6500

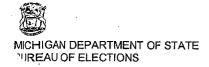
9. Designated Record Keeper Name and Complete Address:





ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #:	THE TOTAL OPERATE COMMITTEES
1. Committee io #.	11. Name and Address of Depositories or Intended Depositories
	of committee funds. (Michigan Bank, Credit Union or Savings & Loa
2. Type of Filing:	Association)
☐ Original	a. Official Depository
Amendment to Items: 4d,10 Eff. Date: 5/18/05	
Amendment to items	
3. Full Name of Committee:	ALADAYA
,	b. Secondary Depository
An Condidate Full Name (Leaf Pint 14.1)	b. Secondary Depository
4a. Candidate Full Name (Last, First, M.I.):	2000
4b. Political Party (if applicable):	Control Control
	12. This item applies only to Gubernatorial Candidate
4c. County of Residence:	Committees Observed to Gubernatorial Candidate
40. Obunty of Residence.	Committees: Check if this committee intends to seek qualifying
	contributions or make qualifying expenditures.
4d. Office Sought (Check one):	
□Governor □Lt. Governor □State Senator	13. MERTS PLUS: This Item applies to committees that file with the
	Michigan Department of City Department of City
☐State Rep. ☐Sec. of State ☐Attorney Gen.	Michigan Department of State Bureau of Elections only and does no
☐State Bd. of Ed. ☐ ☐UofM Reg. ☐ ☐MSU Trustee	apply to candidates that file with the County Clerk's office.
The state of the s	The Campaign Finance Act requires any committee that files
□Circuit Court □District Court □Probate Court	with the Secretary of Cieta and annual annual and annual a
□Municipal Court , ,	with the Secretary of State and spends or receives \$20,000 in the
Manalar other places and to Manalar	preceding calendar year OR expects to receive or spend \$20,000
Municipal Court [Local or other please specify: 3rd Ward City Commissioner 4e. District/Circuit # or Jurisdiction:	in the current calendar year to file campaign statements
City Commissioner	electronically. Merts Plus software is provided to you free o
4e. District/Circuit # or Jurisdiction:	charge to assist you is mare than the
	charge to assist you in meeting this requirement.
E Data Committee was Formed	
5. Date Committee was Formed://	☐ Committee spent or received or expects to spend or receive in
	evence of \$20,000 and in required to \$111.
6a. Committee Phone #: () -	excess of \$20,000 and is required to file electronically.
	** OR **
Ch Committee Courtly /	Committee did not spend or receive or does not expect to spend
6b. Committee Fax #: ()	or receive in excess of \$20,000 and would like to file electronically
	voluntarily
6c. Committee E-mail Address:	voluntarily.
7n. Complete Comm. Mailing Address (March - DO D.)	14. Verification: I/We certify that all reasonable diligence was used
7a. Complete Comm. Mailing Address (May be PO Box):	in the preparation of the above statement and that the contents are
	true proparation of the above statement and that the contents are
	true, accurate and complete to the best of my/our knowledge or
· ·	belief. If filing electronically, we further agree that the signatures
	below shall serve as the signatures that verify the accuracy and
7b. Complete Comm. Street Address (May not be PO Box):	completeness of each state and fled at very tile accuracy and
,	completeness of each statement filed electronically by the committee.
	I/We certify that all reasonable diligence will be used in the
,	preparation of each statement electronically filed by this committee
	and that the contents of each statement will be true, accurate and
8. Treasurer Name and Complete Address:	and that the contents of each statement will be true, accurate and
·	complete to the best of my/our knowledge or belief. (Sign Name
	and Date)
	Candidate:
Phone #: ()	
E-mail Address:	
	Alaman No and OV -15 NO AN
O Destaurated Describer No. 10 10 11 10	1 Janos (23, 18, 05
9. Designated Record Keeper Name and Complete Address:	>
	Current Treasurer:
	Current treasurer:
Phone #: ()	1/2000 PC James 5, 18,05
E-mail Address:	
	Designated Record Keeper (Required only if filing electronically):
10, REPORTING WAIVER REQUEST: If the committee does	, , , , , , , , , , , , , , , , , , ,
not expect to receive or expend in excess of \$1,000 in an election	
and charke this have the filing requirement of any and all electrons	•
and checks this box; the filing requirement of pre, post and annual	
campaign statements is waived. The Reporting Waiver will be	
automatically lost if the committee exceeds the \$1,000 threshold.	•
2101 CAN SO doe REV 10/02: Authority granted under Act 289 at 1070	



CANDIDATE COMMITTEE COVER PAGE

OOVERT AGE		FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: H-24-03 to 18-31-04 Mo Day Year
1. Committee I.D. Number	4. Candidate La	st Name ; First Name M.I.
2. Committee Name	4a. Office Sought	19 Zak Dennig W Including District # or Community Served (If applicable)
Committee to Elect		, , , , , , , , , , , , , , , , , , ,
2. Committee Name Committee to Elect Dennie W. Banaszak	4b. County of Res	idence Bay
5. Committee's Mailing Address	6. Treasurer's Nan	ne & Residential Address
617 14th St. Bay City MI 48708		ndidate =
Area Code and Phone (989) 893 - 8024	Arras Carda & Phar	7 28 7
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phor	
7. Treasurer's Business Address	8. Designated Rec	ord keeper's Name and Mailing Address (If the committee has a
Candidate	Designated Record	keeper)
Canaroare		
Area Code and Phone ()	Area Code and Ph	one ()
		9c. Annual Statement (2004 Coverage Year)
9. TYPE OF STATEMENT		
	t-Election	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:		
☐ Primary ☐ Gene	eral	9e. Dissolution of Candidate Committee
☐ Convention ☐ Scho	ool	Effective Date of Dissolution
Special Cauc	cus	
Date of Election, Convention or Caucus		Month Day Year By checking this item, I\We certify that the committee has no assets or
Date of Election, Convention of Caucas	7	outstanding debts, including late filing fees. Further, I/We request that if
Month Day Year		the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, ex If any of the information listed in items 2, 4, 5, 6, 7, or 8 has cha amendment to the Statement of Organization should accompar before the filing deadline of a required campaign statemen	ll required Campaign kpenditures, and outs anged since the infor ny this Campaign Sta t, that campaign sta	Statements. The Campaign Statements must include all applicable standing debts count against the \$1,000 Reporting Waiver threshold. mation was shown on the committee's Statement of Organization, an itement. If a request for a Reporting Waiver is not received on or attement cannot be waived.
	sed in the orenaratio	n of this statement and attached schedules (if any) and to the best of
Current Treasurer or Dennis W. Panaga. Type or Print Name	ok Dours	is W. Panofel Date 1-28-05
candidate Dennis W. Banaszak Type or Print Name	Down W	Danoy de 1-28-05
Authority granted under P.A. 388 of 1976	Oignature	Mo Day Year



1. Committee I.D. Number

2. Committee Name Cammi Hee to Elect Dennis W. Banagrak

SUMMARY PAGE

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II
3. Contributions	Triis retiou	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	d.	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 1581,35	
b. Owed to the Committee (Schedule 1E)	(40h.) 6	
	(12b.) \$BALANCE STATEMENT	
	rh	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$	
14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(141)	,
45 CLIDTOTAL Add Spec 40 and 44	(15.) = \$	}
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)- \$	1
(Add lines 9 and 11)	(10.,- 4	,
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$*	į

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

DEBTS AND OBLIGATIONS

1. Committee 1.D. Number

150053

2. Committee Name Committee to Elect Dennis W. Banaszo

CANDIDATE COMMITTEE				
This Schedule itemizes:	op L 🗀 -	Debts and obligations owed <u>t</u>	o or forgiven by the	committee
a. Debts and obligations owed by or forgiven the c	ommittee OR b. 🗀 🛭 k either a or b. Use only for the pu		o or lorgiver by are	Committee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: DENNIS W. BANASZAK 617 14TH STREET BAY CITY, MI 48708	4. Type: h D AN Code LN 5. Date Debt Was Incurred: Ill Na 92 1 of Xoan 6. Original Amount of Debt: \$ 2835,33	11 124,03 1253.98 1 1 \$ 1 1 \$ 1 1 \$	\$\ <u>253.98</u>	\$ <u>1581.35</u> □ FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$	
Debt #2 Corp? ☐ Yes Owed to or by: If bank loan, name of endorser or guarantor: Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ 4. Type: Code 5. Date Debt Was Incurred:		\$Amount Endorsed:	☐ FORGIVEN
	6. Original Amount of Debt:			FORGIVEN
If bank loan, name of endorser or guarantor:		Page Subtotal (O	Amount Endorsed:	
PLEASE REFER TO INSTRUCTIONS FOR LIST OF	dule if there was an outstanding	Grand Total of a owing amounts owed by or to a mount owed by or to a mount owed on it at the	ill Schedules 1E o the committee)	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page
this Campaign Statement or it was forgiven durin	g the period covered by this Car	npaign Statement.		
Page ofAuthority granted under P.A. 388	of 1976	CFR REV 7/1999c-1e		•



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 10 1903 To: 10 24 03
1. Committee I.D. Number 150053 2. Committee Name Committee to Elect	4. Candidate Last Name First Name M.I. Bayas Zak Denvis 4a. Office Sought Including District # or Community Served (If applicable) Mayor of Bay City 4b. County of Residence Driver License # (Optional)
Dennis W. Banaszak	4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address 6/7 14th St. Boy City, MT. Area Code and Phone (989) 893-8024 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official.	6. Treasurer's Name & Residential Address Candidate Area Code & Phone Driver License # (Optional)
7. Treasurer's Business Address Can didate Area Code and Phone (8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone ()
Alou obde and Fronce T	Driver License # (Optional)
☐ Convention ☐ Sc	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, or 9e to indicate which Statement is being amended) eneral 9e. Dissolution of Candidate Committee
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statement	ill required Campaign Statements. The Campaign Statements must include all applicable xpenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold anged since the information was shown on the committee's Statement of Organization, an ny this Campaign Statement. If a request for a Reporting Waiver is not received on or it, that campaign statement can not be waived.
Current Treasurer or	sed in the preparation of this statement and attached schedules (if any) and to the best of the and complete. Tok Bours Day Pe Date 12 4 03 Mo Day Ye Signature Date 12 4 03 Mo Day Ye



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

1. Committee I.D. Number <u>150053</u>
2. Committee Name Committee to Flect
Dennis W. Baraszak

SUMMARY PAGE CANDIDATE COMMITTEE

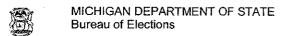
RECEIPTS	Column I	
3. Contributions	This Period	Column II Cumulative this election cycle
a, Itemized (Schedule 1A - Column 6)	(3a.) \$ 1297.02	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ 1,297.02	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1297.02	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	A	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1297.02	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	·
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1297.02	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>158/.35</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 1097.0Z	
14. Amount received during reporting period	(14.)+\$ <u>200.60</u>	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ 129702.	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)-\$ [297.02	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$*	
(Subtract line 16 from line 15)		

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

CFR Rev 7/1999c-sum

Authority granted under P.A. 388 of 1976



1. Committee I.D. Number	150053
2. Committee Name	milter to Elect Dennis W. Banosal

CANDIDATE COMMITTEE 2. Committee Name COMM	miller orie	CI DEMNIS W. LEARCE
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? DYES 4. Date of Receipt 10/27/03. Name: Patrick D. Neering	100.00	100.00
Name: Patrick V. Neering Address: 2214 Groveland RJ. Bay City MI 18708		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct		
3. Contribution #2 PAC Receipt? DYES 4. Date of Receipt 10/24/03 Name: Mary Kathleen Branigan	100.00	100,00
Address: 1509 5th St. Day City MI 48708		
5. If over \$100.00 cumulative, please provide:	! :	
OccupationEmployer		
Business Address Type of Contribution: Direct		
3. Contribution # 3 PAC Receipt? □ YES 4. Date of Receipt		
Name: DENNIS BANASZAK	·	4
Address: 617 14TH 51., BAY CITY, MI	1097 02	1,097.02
5. If over \$100.00 cumulative, please provide:	1,017.00	1,09/100
Occupation Employer		
Business Address		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1297.02	
(-5p.die ein Bet page ei deriedule)		

Enter this total on line 3a of Summary Page

Pageof	Authority granted under P.A. 388 of 1976	cfr 4/2000-c-1a	



	14Δ	\wedge \prec \prec
I. Committee I. D. Number	1500	ノンー

2. Committee Name	Committee to	o Elect Denni.	ow. Barroszak	′

3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1	121		1304
Name City of Bay City Clerk	Purpose: Voter data	1.1	43.04
301 Bushington Ave	Expenditure Code MA	11/24/03	
301 Dogsmington Ave	<u> </u>		
LI Fund Raiser Day City M.L	Li Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name DENN 15 BANASAK	Purpose: <u>ATPAY</u> LOAN	n/ /	1253:98
Address 6/7 /4TH ST. BAY CITY	Expenditure Code	1/24/03	1253:98
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	LI Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name	Purpose:		
Address	Expenditure Code		
	Check box if this expenditure is payment		
☐ Fund Raiser	of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:		
Address	Evenediture Code		
	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	<u> </u>		

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 1297.02

Enter this total on line 8a of Summary Page

Page	of	Authority granted under P.A.	388 of 1976
		. iomionity granicou andor 1 .7 c	000 01 101 0





DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Num	ber150053	
2. Committee Name	Committee to Elec	t Dennis W. Ranaszak

CANDIDATE COMMITTEE			541.45	300
This Schedule itemizes:				
a. Debts and obligations owed by or forgiven the (Ch	committee OR b. eck either a or b. Use only for the part of the p	Debts and obligations ower purpose checked.)	d <u>to</u> or forgiven <u>by</u>	the committee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Owed to or by: Dennis W. Banaszak G17 14th Street Boy City MI 46708 If bank loan, name of endorser or guarantor:	4. Type: ORY Code LN 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	1/1 p2 s 600 00 -// s -// s -// s	\$	\$ 600.00
or ordered or guaranto.	Contra		mount Endorsed: \$	
Debt #2 corp? Tyes Owed to or by: Dennis W. Barroszak G 17 Kith Street	4. Type: LOGN Code LN 5. Date Debt Was Incurred:	8/168957921.59 _/_/ \$	\$	79259
If bank loan, name of endorser or guarantor: Dex	6. Original Amount of Debt: \$	_/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	☐ FORGIVEN
		The second se	mount Endorsed: \$	
Debt #3 Corp? Tyes Owed to or by: Dennis W. Panaszak	4. Type: Loan Code LU	10,19,03,1442.74		1
617 14th Street	5. Date Debt Was Incurred:			1442:74
Eny City MI 48708	6. Original Amount of Debt:			☐ FORGIVEN
f bank loan, name of endorser or guarantor:	nis W. Banasza	AF AF	mount Endorsed: \$	
		Page Subtotal (Outs		
10		Grand Total of all S	ichedules 1E	

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page	01	Auth	ority granted	under P.A	i. 388 of	1976
------	----	------	---------------	-----------	-----------	------

(Complete on last page of Schedule showing amounts owed by or to the committee)



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

150053

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Dennis W. Banasz

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a. Debts and obligations owed by or forgiven the		Debts and obligations owed	to or forgiven by th	e committee.
(Ch	eck either a or b. Use only for the po	urpose checked.)		
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6
provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by:	4. Type: <u>h D AN</u>	11 24,03 1253.98		
DENNIS W. BANASZAK	5. Date Debt Was Incurred:		10-200	سردست دست
617 14TH SIREET	All Page 1 of Roan 6. Original Amount of Debt:	/ / \$	\$/233.98	\$ <u>1581.35</u>
DENNIS W. BANASZAK 617 14TH STREET BAY CITY, MI 48708	\$ 2835.33	_ / / \$		☐ FORGIVEN
If bank loan, name of endorser or guarantor:		Α	mount Endorsed: \$	
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type:			
·	Code	/ / \$		
	5. Date Debt Was Incurred:	/ / \$	\$	
	6. Original Amount of Debt:			☐ FORGIVEN
				_ · ONOIVEIV
If bank loan, name of endorser or guarantor:			mount Endorsed: \$	
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type:	/ \$		
·	Code			
	Date Debt Was Incurred: Original Amount of Debt:			
	\$	/ / \$		☐ FORGIVEN
<u> </u>	I			
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	<u> </u>
		Page Subtotal (Ou	<u>.</u>	1581.35
(Com	plete on last page of Schedule show	Grand Total of all ving amounts owed by or to		Enter this total
PLEASE REFER TO INSTRUCTIONS FOR LIST OF	EXPENDITURE CODES			on line 12a "owed by"" or line 12b "owed
A debt or obligation must be shown on this Sched this Campaign Statement or it was forgiven during	ule if there was an outstanding a	mount owed on it at the ci paign Statement.	osing date of	to" of the Summary Page
Page ofAuthority granted under P.A. 388	óf 1976 ci	FR REV 7/1999c-1e		



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement of	covers From: 7/	/ 3.6 /0.3 To:	10 /19/03 Day Year
1. Committee I.D. Number 150053 2. Committee Name UMMITTEE TO ELECT DENNIS W. BANASZAK	4. Candidate Last BANAS 4a. Office Sought in MANS 4b. County of Resid	ZAL ncluding District # or Co LFR C	First Name DENVIS Denmunity Served (If appropriate to the propriate to t	M.I. Discable) HY UT U
5. Committee's Mailing Address 6/7/4/7/ DAY CLTY M Area Code and Phone If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official.	Area Code & Phone	e & Residential Address		·
7. Treasurer's Business Address Area Code and Phone ()		ord keeper's Name and I keeper) one () ptional)	10 M 17	committee has a
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Gen Convention Scho Special Caucus Month Day Year	neral pol cus	9e Dissolution of E	o Campaign Statement ich Statement is being Candidate Committee Effective Date of Dissol	(Complete Item 9a, 9b, amended) ution Year mmittee has no assets or lote: The disposition of 1B and the Summary
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, et if any of the information listed in items 2, 4, 5, 6, 7, or 8 has chramendment to the Statement of Organization should accompar before the filing deadline of a required campaign statemen	Il required Campaign xpenditures, and outst anged since the inforr ny this Campaign Stat t, that campaign stat	Statements. The Camp tanding debts count age mation was shown on the tement. If a request fo tement cannot be wain	paign Statements must ainst the \$1,000 Report ie committee's Stateme or a Reporting Waiver ved.	include all applicable ing Waiver threshold. ent of Organization, an is not received on or
10. Verification: I/We certify that all reasonable diligence was u my/our knowledge and belief the contents are true, accurate and Current Treasurer or Designated Record keeper Type or Print Name Candidate Designated Record Figure 1 Type or Print Name	V /	sW-Bayas	Date _	any) and to the best of A O 3 Mo Day Year A O 3 Mo Day Year



5. If over \$100.00 cumulative, please provide:

Type of Contribution:

Direct

5. If over \$100.00 cumulative, please provide:

Name:

Name: Address:

Name: Address:

Name: Address:

Occupation ___

Occupation

Business Address

3. Contribution #4

Occupation ____

Business Address _

Type of Contribution: Direct

Business Address

Type of Contribution: ☐ Direct

MICHIGAN DEPARTMENT OF STATE Bureau of Elections

ITEMIZED CONTRIBUTIONS SCHEDULE 1A **CANDIDATE COMMITTEE**

ITEMIZED CONTRIBUTIONS	-215	2
SCHEDULE 1A 1. Committee 1	.D. Number	2
CANDIDATE COMMITTEE 2. Committee N	Name_DENNIS BAR	H5ZAK
Enter contributor's name and address. If contribution is from an individual, enter last name, middle initial. Check box to indicate if contribution is from a Political Committee or an Indept Committee. (PAC) Report all contributions from committees regardless of amount.	first name, 6. Amount endent	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt		date of receipt)
DENNIS DA MISER	3	
Address: 6/7 14TH, BAY CITY, M / 5. If over \$100.00 cumulative, please provide:	1097.02	
OccupationEmployer		
Business Address Type of Contribution: Direct		
B. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt	SCI	
Name:		
Address:		
. If over \$100.00 cumulative, please provide:		
eccupationEmployer		
usiness Address		
ype of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt		
ame;		
ddress:		
If over \$100.00 cumulative, please provide:		
ccupationEmployer		
siness Address		
pe of Contribution: Direct Loan from a person Fund Raise	r	
Contribution #4 PAC Receipt? YES 4. Date of Receipt me:		
dress:		
lf over \$100.00 cumulative, please provide:		
cupationEmployer		
siness Address		
e of Contribution: Direct Loan from a person Fund Raiser	 r	
Page Sub Grand Total of All Schedu (Complete on last page of Schedule	total ules 1A	
. Present and page of confodule	1097.02	
	Enter this total on	

				Enter this total on line 3a of Summary Page
Page of	Authority granted under P.A. 388 of 1976	CFR	4/2000-c-1a	



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

1. Committee I.D. Number
2. Committee Name DMMITTEE TO ELECT
DENNIS W. BANAST AK

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a, Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3509.76</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4:) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3509.16</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	1	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES	/	
8. Expenditures	~ ~ ~ ~ · · ·	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1777,04</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	1	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>2835.33</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	·
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 367.30	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>73.09</u> · /6	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>98</u> 74.06	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.)-\$ \$ 111.04	·
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>/ 8 9 7. 02</u> *	





DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number _____1

50053	

SCHEDULE 1E	2. Committee Name Committ	ee to Elect Denn	ic U Deser	1
CANDIDATE COMMITTEE		oo to breez Delli	is w. banas:	zak
This Schedule itemizes:				
a. Debts and obligations owed <u>by</u> or forgiven th	e committee OR b. heck either a or b. Use only for the	Debts and obligations owe purpose checked.)	d <u>to</u> or forgiven <u>by</u>	the committee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Owed to or by: Dennisw. Banaszak G17 14th Street Bay City MI 46708 If bank loan, name of endorser or guarantor:	4. Type: LOAV Code LN 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	1,10 ² s60000 -//s -//s -//s	\$	\$ 600.00
Debt #2 Corp? 🗆 You			mount Endorsed: \$	
Dennis W. Baraszak GIT Kith Street Bay City ML 48708	4. Type: (OCV) Code LN 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	8/16R9s 792.59 -/ / s -/ / s	\$	792.59
7			ì	☐ FORGIVEN
If bank loan, name of endorser or guarantor:	nnis W. Dana	eszak A	mount Endorsed: \$	
Debt #3 Owed to or by: Dennis W. Barraszak (617 Afh Street Bay City MI 48708	4. Type: Low Code LU 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	10, P,03, 1442.74 -//\$ -//\$ -//\$		1442.74 □ FORGIVEN
f bank loan, name of endorser or guarantor:	nnis W-Banasz	ak	mount Endorsed: \$	į
		Page Subtotal (Out		
(Complete Complete Co	. 16 4h	Grand Total of all t ng amounts owed by or to t	Schedules 1E he committee)	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page
age ofAuthority granted under P.A. 388 of	1976 CFR	REV 7/1999c-1e		



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

	The state of the s	1010/1/1/10			
1. Committee Identification No. 150053				- · · · · · · · · · · · · · · · · · · ·	
2. Type of Filing a. ☐ Original OR	b. 🖾 Amendment to Iten	n(s)# 10 c. Date	Change(s) Took Place	73	0 103
3. Full Name Of Committee Committee	to Elect Dennis	W. Banaszak			
4. Candidate Last Name Banaszak	Firs	t Name Dennis		M.I.	
4a. County of Residence		4b. Political Party	(If applicable)		
4c. Driver License # (Optional) 4d. Office Sought: (Check one)		· · · · · · · · · · · · · · · · · · ·			
☐ Governor ☐ Lt. Governor ☐ State	Senator	epresentative	of State	State Board o	of Education
☐ Bd of Regents UM ☐ Bd of Trustees MSU	☐ Bd of Gov WSU	☐ Attorney General		Court of Appe	eals
☐ District Court ☐ Probate Court	☐ Detroit Recorders Co	ourt Supreme Court J	ustice \Box	Circuit Court	
		de District # or fu	risdiction		,
La Local of Office (1 2000 opening)		4e, District # Or Su	nadiction		
5. Date Committee Was Formed	(Mo/Day/Yr)	6. Committee Area Code and	Phone Number		
7. Committee Mailing Address (May be P. O. Box) I	nclude Zip Code	7a. Committee Street Addres	s (May <u>not</u> be P. O. B	ox)	
Treasurer. Name and Mailing Address of Commonant, First Name, Middle Initial. Please Include Zi		Designated Recordkeeps than the treasurer) who will be Campaign Statement filings. responsibilities, leave this iter	e responsible for the o	committee's re-	cords and
Area Code and Phone Driver License # (Option	nal)	Area Code and Phone	Drive, License # (Optional)	
10. ☐ REPORTING WAIVER The committee does automatically lost if the committee exceeds the \$1,\$1,000.00 Reporting Waiver threshold.) Funds left or request for a Reporting Waiver is not received or cannot be waived.	000 threshold. (Direct and ver from one election cou	I in-kind contributions, expendit nt toward the "amount received	ures and outstanding "for the next election	debt count aga . Please note	ainst the e: If a
11. Names and Addresses of depositories or intendental 11a. Official Depository:	ed depositories of commit	tee funds.	12. This item applies Candidate Committe		pernatoria
11b. Secondary Depository:		,	Check if this comqualifying contribution		
13. Verification: I\We certify that all reasonable dilige complete to the best of my\our knowledge or belief.	ence was used in the prep	aration of the above statement,	and that the contents	are true, accu	urate and
Current Treasurer Type or Print Name	Signature	sh)-Burge	Date 10.	/24/2003 Day	Year
Candidate Dennis W. Banaszak	10 10	W. Danal S		/24/2003	
Type or Print Name	Signature	5	Date Mo.	Day	Year



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 7 26 02 To: 10 19 03 Mo Day Year Mo Day Year
1. Committee I.D. Number 150053 2. Committee Name Committee to Elect Dennis W. Banaszak	4. Candidate Last Name First Name M.I. Bayaszak 4a. Office Sought Including District # or Community Served (If applicable) Mayor of Bay City 4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address (Q17 14th St. Bay City MI Area Code and Phone (988) 873-8034 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address Cavididate Area Code & Phone (
7. Treasurer's Business Address Candidate Area Code and Phone (8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone () Driver License # (Optional)
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Post Pre-Election or Post-Election Statement relates to: Primary Gen Convention School Special Cauc Date of Election, Convention or Caucus Month Day Year	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee 100l Effective Date of Dissolution
A committee that does not have a Reporting Waiver must file at Schedules. Direct contributions, in-kind contributions, loans, exif any of the information listed in items 2, 4, 5, 6, 7, or 8 has charamendment to the Statement of Organization should accompanied before the filing deadline of a required campaign statement,	all required Campaign Statements. The Campaign Statements must include all applicable expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. nanged since the information was shown on the committee's Statement of Organization, an any this Campaign Statement. If a request for a Reporting Waiver is not received on or it, that campaign statement cannot be waived. Sused in the preparation of this statement and attached schedules (if any) and to the best of not complete. Date Day Year
Type or Print Name	Signature Date Mo Day Year



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

1. Committee I.D. Number

SUMMARY PAGE CANDIDATE COMMITTEE

DECEME		
RECEIPTS 3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a) \$ 24(12). 74	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ 970.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 24/2024	(20.) \$ <u>370.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$
EXPENDITURES		/
8. Expenditures	n (
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1777.04</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2777. 04</u>	(23.)\$ 2777.04
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	·	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	A S
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.)	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>2435.35</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	1
13. Ending Balance of last report filed	(13.) \$_3&4.3A	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	7/112 71	
(Line 5, Total Contributions & Other Receipts)	(14.) + \$ 0.71014	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ O 77.04	
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$ 3777.04	
17. ENDING BALANCE	(17.) \$*	
(Subtract line 16 from line 15)	,	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold. All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math. CFR Rev 7/1999c-sum Authority granted under P.A. 388 of 1976



Authority granted under P.A. 388 of 1976

1. Committee I.D. Nun	nber1	<u>500!</u>	53		
2. Committee Name_	Committee	to	Elect	Dennis	Banaszak

			T	T
Enter contributor's name and address. If middle initial. Check box to indicate if co Committee. (PAC) Report <u>all</u> contribution	ntribution is from a Political Committe	e or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Contribution # 1 PAC Receipt?	P ☐ YES 4. Date of Receipt_	7-16-03		date of receipt)
Name: Milton Higgs			50.00	·
Address: 32/ N. Johnson	Barcity			
5. If over \$100.00 cumulative, please pr	rovide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	☐ Fund Raiser		
Contribution #2 PAC Receipt				
Name: Carl Smith			(00.00	
Address: 111 Sharpe E:	sexville	•		
5. If over \$100.00 cumulative, please pro				
Occupation	Employer			
Business Address		· ·····		
Type of Contribution: Direct		☐ Fund Raiser		
3. Contribution #3 PAC Receipt?	☐ YES 4. Date of Receipt	9-16-03		
Name: Donald Agnew		,	20.00	
Address: 1322 Gabel	Saginaw			
5. If over \$100.00 cumulative, please pro				
Occupation	_Employer	·		
Business Address				
Type of Contribution: Direct	Loan from a person	☐ Fund Raiser		
3. Contribution #4 PAC Receipt? Name: Bill Gregory	YES 4. Date of Receipt_	9-16-03	50.00	
Address: 245 Jennison P				
5. If over \$100.00 cumulative, please pro	late Bay City vide:			
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	☐ Fund Raiser		
	Grand To (Complete on last p	Page Subtotal tal of All Schedules 1A age of Schedule)	230.0D	
			Enter this total on line 3a of Summary Page	

CFR 4/2000-c-1a.



1. Committee I.D. Nun	nber15	<u> 200</u>	53		
2. Committee Name	Committee	to	Elect	Dennis	Banaszak

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7.0 10 5
Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? □ YES 4. Date of Receipt 9-18-0-3		date of receipt y
Name: Leonard Kaczorowski	125.00	·
Address: 519 S. Farragut		
5. If over \$100.00 cumulative, please provide:		
Occupation Retired Employer_		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt 10-2-0-3	50.00	
Name: Richard Sheppard	50.00	
Address: 7175 S. Block Rd. Frankemoth		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt	25.00	
Name: Sandra Burns	00.00	
Address: 509 Klth Street		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10-15-03 Name: Jeanne Seabald	50.00	
Address: 2828 5. Eoclid Bay City 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	250.00	
· · · · · · · · · · · · · · · · · · ·		
. L		
	Enter this total on line 3a of	

Summary Page

Page	 of	



1. Committee I.D. Number 1	50053		
2. Committee Name Committee	to Elect	Dennis	Banaszak

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount. 3. Contribution # 1 PAC Receipt? PAC 4. Date of Receipt 10 - 15 - 23	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
4. Date of Receipt 18 - 19 - 00	500.00	
Name: Steve Ingersoll	Jec. 00	
Address: 1514 Center Ave. Bay City		
5. If over \$100.00 cumulative, please provide:		
Occupation Doctor Employer Boy Regiona		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10 - 19 - 03		
Name: Dennis W-Baraszak	1442.74	,
Address: 617 14th St. Bay City		
5. If over \$100.00 cumulative, please provide:		
Occupation Designer Employer RC Engineering		
Business Address 5959 Sherman St. Zilvaukee	į	
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt_		
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		·
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		
	1942.74	
	Enter this total on	

Summary Page

Authority granted under P.A. 388 of 1976

CFR 4/2000-c-1a



1. Committee I. D. Number_	150053

CAMDIDATE COMMINITIES	Committee Name <u>Committee to Elect</u>	Dennis	W. Banaszak
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Name Shints Mugs+ More Address 29// Lenter Ave	Purpose: Shirts	7/07	57.18
Bay City, M/ 48708	Expenditure Code PA Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2	Stamos	7/16	276.00
Name USPS Address Wushington Aw. Bay City Fund Raiser	Purpose: Stawps Expenditure Code MA Check box if this expenditure is payment of debt or obligation reported on previous statement	() 1 *	
Expenditure #3	93.006	7/30	5H.10
Name Sawickit Sons Address 152/W. hafayettest. Detroit, MI 482/4	Purpose:		
Name Valley Farmer Address 905 S. Nenry St Bay City, MI 48706	Purpose: AU mailers Expenditure Code MA Check box if this expenditure is payment of debt or obligation reported on previous	8/07	95.40
Expenditure #5	statement		
Name Bay Area Chamber of Commerce Address 90 / Sagmaw Bay City, M1 48708 [] Fund Raiser	Purpose: Mailing labels Expenditure CodeMA Check box if this expenditure is payment of debt or obligation reported on previous statement	3/11	25.00
	Subtotal this p Grand Total of all Schedules (Complete on last page of Sche	: ĭB	967.68

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE COL
--



1. Committee I. D. Number 150053

CANDIDATE COMMITTEE	committee Name Committee to Elect	Denn1s	W. Banaszak
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1		8/22	71111
Name Bay City Clerk	Purpose: Voter data	10/20	54.14
Name Bay City Clerk Address 301 Washington Ave. Bay City, M 48709	Expenditure Code MA		
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name USPS	Purpose: Stamps	9/03	394.00
Address Washington All, Bay City, M1 48708	Expenditure Code MA		·
Li rung Kaiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3		G 107	- 17
Name Staples	Purpose: Fliers	9103	52.47
Name Staples Address 40 J. N. M. M. M. A. A. V.	Expenditure Code A		
Bay City, M1 48706 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4		9/05	32.00
Name Staples	Purpose: Stamp	1100	22.99
Name Staples Address 4001 N. Guella Ave	Expenditure Code MA	· ·	
Bay City, bay Otty Me	☐ Check box if this expenditure is payment		
Fund Raiser 48706	of dobt or obligation reported as a series		: :
Expenditure #5		9/06	14.38
Name Staples Address 402/M. Euclid Ave, Bay C. T. M. 48706	Purpose: Stamp	700	17.50
Address 402/ N. Eulla Ave,			
Bay City, M/ 18701	Expenditure Code UTA		
Fund Raiser 48 709	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this p	1200	£3794
	Grand Total of all Schedule: (Complete on last page of Sche	s 1B	<u> </u>

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page _	L	of _	
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1. Committee I. D. Number	150053	
---------------------------	--------	--

CANDIDATE COMMITTEE	2. Committee Name <u>Committee to Elect</u>	Dennis	W. Banaszak
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Name Bay City Boat Lines Address 1020 N. Water Bay City, MI 48708	Purpose: Boat Rental Expenditure Code RE	9105	810.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Gordon S	Purpose: Food	9/18	51.33
Address 3730 E. Wilder Rd. Bay City, MI 48706	Expenditure Code F		·
⊠ Fund Raiser	 Check box if this expenditure is payment of debt or obligation reported on previous statement 		
Expenditure #3	To ad	9/18	18.06
Name Meijers Address 2980 E. Wilder Rd., Bay City, M/ 48706	Purpose:		
La Fullu Raisei	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Bay City Boat Lines	Purpose: Arinks	9/22	184.00
Name Bay City Boat Lines Address 1020 N. Water	Expenditure Code FF	i	
Bay City, NU 48708	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Staple5	Purpose: Fliers	10/01	50.47
Address 402/M. Euclid Alle, Bay C. T. M. 48706	Expenditure Code PA		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this p Grand Total of all Schedule (Complete on last page of Sche	s 1B	ш5.86

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page <u>3</u> of	
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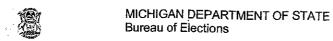
1. Committee I. D. Number	150053	
---------------------------	--------	--

CANDIDATE COMMITTEE 2.0	Committee Name <u>Committee to Elect</u>	Dennis	W. Banaszak
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name USPS	Purpose: Stamps	10/02	89.80
Address Wushington Ave, Bay City, M/48708	Expenditure Code MA		
	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Home Depot Address 3860 State St. Rd.,	Purpose: Sign Materials	10)19	66.72
Address 3860 State St. N. d.,	Expenditure Code PA		·
Baycity, MI 48706	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	!	
Expenditure #4			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this p Grand Total of all Schedule: (Complete on last page of Sche	s 1B	155.52

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page	3	of
9		· · ·



DEBTS AND OBLIGATIONS SCHEDULE 1E

Ţ.	5	n	O	5	3

1. Committee I.D. Nun	ber150053	
2. Committee Name	Committee to Elect Dennis W. Banaszak	

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a. Debts and obligations owed <u>by</u> or forgiven the o	committee OR b. Committee OR ck either a or b. Use only for the p	Debts and obligations owed urpose checked.)	to or forgiven by t	he committee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt#1 Corp? [Yes Owed to or by: Dennisio. Banaszak G17 14th Street	4. Type: Oav Code L N 5. Date Debt Was Incurred:	1,102,600,00 -//s		s 680.00
Bry City MI 48708	6. Original Amount of Debt:	/ / \$	\$	\$ 000 00
They Colly I'd 1860	\$_			FORGIVEN
If bank loan, name of endorser or guarantor:	inis W-Bana	(7) \$		1
i bank loan, harne or endorser or guarantor:	MIT US LOWING.	JCak A	mount Endorsed: \$	
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: 64V	8/16A95 792.59		
Dennis W. Baraszak	Code LN			
Q17 Kth Street	5. Date Debt Was Incurred:			792.59
Bay City MI 48708	6. Original Amount of Debt:	· <u>/</u> / \$	\$	1000
	\$	/_/ \$		☐ FORGIVEN
If bank loan, name of endorser or guarantor:	nis W. Band	eszac A	mount Endorsed: \$	<u> </u>
Debt #3 Corp? ☐ Yes	4. Type: <u>Loan</u>	10,19,03,1442.74		
Dennis W. Banaszak	Code <u>LU</u>			·
617 Ath Street	5. Date Debt Was Incurred:	/\$		1442.74
Bay City MI 48708	6. Original Amount of Debt:	/_/ \$		<u> </u>
	\$			☐ FORGIVEN
If bank loan, name of endorser or guarantor:	inis W. Banasz	ak A	.mount Endorsed: \$	5
		Page Subtotal (Out		
(Comple	ete on last page of Schedule show	Grand Total of all	Schedules 1E	2835.33
PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was foreigned designed.				
Campaign Statement or it was forgiven during the period covered by this Campaign Statement.				
Page ofAuthority granted under P.A. 388 of	1976	P 757.74000-4-		



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 156053

2. Committee Name Committee to Elect Demois (1) Panals (1) Panals (2)

	- USE A SEPARATE SH	EET FOR EACH EVENT -	
3. Date Event Was Held 9 18 03 Month Day Year	18 03 4. Number of Individuals Attending or Participating (whichever is greater) 5. Type of Fund Raising Address of Participating (whichever is greater)		6. Address and Name (If any) of the place where the activity was held Rinces Wenona Private Residence
7. Total Contributions of \$20.00 8. Total Contributions of \$20.01 9. SUBTOTAL (Add lines 7 and 10. Other Receipts 11. Gross Receipts (Add lines 9 12. Total Cost of Event*	or more $ \begin{array}{r} $	00 .	Includes In-Kind Contributions and Al Expenditures Made For the Event
3. □ Check if event was a join	Contribution Sp (%)		Expenditure Split (%)
	ed to file a senarate Fund Raiser		

- covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions
 Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary
 Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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Page _	of	Į
CERE	20V 0/1000f	

-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed before the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is not required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement must submit this form to the filing official designated to receive the elected candidate's campaign finance disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.

(Revised August, 2003)



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE OF

ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR	R UPDATING PROCEDURES. FOR OFFICIAL USE ONLY
1. Committee Identification No. 150053	
2. Type of Filing a. Driginal OR b. Amendment to Item	n(s)# 4dAe c. Date Change(s) Took Place 5 120 103
3. Full Name Of Committee	<u> </u>
4. Candidate Last Name Firs	t Name
4a. County of Residence	4b. Political Party (If applicable)
4c. Driver License # (Optional)	
4d. Office Sought: (Check one)	The state of the s
☐ Governor ☐ State Senator ☐ State Re	epresentative
☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU	☐ Attorney General ☐ Court of Appeals
☐ District Court ☐ Probate Court ☐ Detroit Recorders Co	ourt Supreme Court Justice Circuit Court
Local or Other (Please Specify) Mayor	4e. District # or Jurisdiction City of BayCity
5. Date Committee Was Formed \$ - 20-03 (Mo/Day/Yr)	6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
11. Names and Addresses of depositories or intended depositories of committ 11a. Official Depository:	tee funds. 12. This item applies only to a Gubernatorial Candidate Committee.
11b. Secondary Depository:	☐ Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I\We certify that all reasonable diligence was used in the preparameter to the best of my\our knowledge or belief.	
Current Dennis W. Banoszak, Wluw Type or Print Name Spature	W. Bourse Date 6 9 03 Mo. Day Year
Candidate Danis W Bangszaki Sumy (Type or Print Name Signature	Date O Q 03 Mo. Day Year
Jest Signature	√ Mo. Day Year

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 150053	
2. Type of Filing a. Doriginal OR b. DAmendment to Item 3. Full Name Of Committee (must include candidate's first and last name) Unmuttee + OE/E of Dennis	c. Date Change(s) Took Place 8,6,02, W. banaszak
4. Candidate Last Name First	t Name M.I.
4a. County of Residence	4b. Political Party (If applicable)
4c. Driver License # (Optional)	
4d. Office Sought: (Check one)	
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Re ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Co	presentative
4e. District # or Jurisdiction	Local or Other (Please Specify
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.	
 Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings & Loan Association) 	ittee funds. 12. This item applies only to a Gubernatorial Candidate Committee.
11a. Official Depository:	☐ Check if this committee intends to seek
11b. Secondary Depository:	qualifying contributions for public funding.
·	
13. Verification: IVWe certify that all reasonable diligence was used in the preportion of the best of my/our knowledge or belief. Current Treasurer Jennis W. Banaszak Signatus Type or Print Name Signatus Type or Print Name Signatus Signatus	W. Baraga Date 8/6/02 TO Baraga Date 8/6/02 Date 8/6/02



500 3 33 PN 102

CANDIDATE COMMITTEE COVER PAGE

Panort must be legible, typed or printed in ink and signed by	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 1 - 1 - 2003 To: 7 26 02 Mo Day Year Mo Day Year
1. Committee I.D. Number 150053 2. Committee Name Convictee to Elect Dennis W. Banaszak	4. Candidate Last Name First Name M.I. Bahaszak Dennis W. 4a. Office Sought Including District # or Community Served (If applicable) District 7 County Community Served (If applicable) 4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address 617 14th St. Boy City MI 48708 Area Code and Phone (989) 893-8024 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official.	6. Treasurer's Name & Residential Address Candidate (Same) Area Code & Phone (
7. Treasurer's Business Address Candidate Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Candidate Area Code and Phone () Driver License # (Optional)
	2. The decises in (optional)
Pre-Election or Post-Election Statement relates to: Primary	Dol Effective Date of Dissolution
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Ger	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) neral 9e Dissolution of Candidate Committee Effective Date of Dissolution
9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee Dol Effective Date of Dissolution Wonth Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary



1. Committee I.D. Number /	50053
2. Committee Name Comm	itee to Elect
Dennis W.	Banaszak

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions	1170 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ (\$\frac{0.78.00}{0.00}	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ 1078.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1078.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	712 70	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$,
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 713.70	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS		
Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.)\$ 1392.59	·
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ (078.00	
(Line 5, Total Contributions & Other Receipts)	1070 00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ \(\frac{0}{0}, \frac{7}{0}\)	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
17. ÈNDING BALANCÉ	(17.) \$ <u>364.30</u> .	
(Subtract line 16 from line 15)		

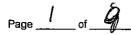
NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Walver threshold. All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

Authority granted under P.A. 388 of 1976



CANDIDATE COMMITTEE 2. Committee Name	mittee to Flec	1 Dennis W. Caros
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? □ YES 4. Date of Receipt △ - △ 6 - △ 3		date of recorpt)
Name: Sandy Boza		
Address: 1708 10th Bay City MI 48708	10.00	
5. If over \$100.00 cumulative, please provide:	1000	
OccupationEmployer_		
Business Address		
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt 2-26-0 Z		
Name: Vaughn Begick		
Address: 5353 Lorraine Ct. Bay City MI 48706	20.00	·
5. If over \$100.00 cumulative, please provide:	00.0	
OccupationEmployer_		,
Business Address		
3. Contribution #3 PAC Receipt? ロ YES 4. Date of Receipt タマルー ここ		
Name: Jeff Seifferly		
Address: 3007 Linden Park Bay City MI 48706	20 00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 2-26-02 Name: Phyllis Madziar		
Address: 403 Main Essexville MI 48732		
5. If over \$100.00 cumulative, please provide:	20.00	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	70.00	
	L	

Enter this total on line 3a of Summary Page





1. Committee I.D. Number 1500 53

2. Committee Name Committee to Flect Dennis W. Banaszak

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt Q-Q6 → C		date of receipt)
Name: Dennis Poirer		
Address: 1265 Orchard Road Essexville MI 48732		
5. If over \$100.00 cumulative, please provide:	10.60	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 2 - 3(p - 3/0/2)		
Name: Arlene Bush		
Address: 2100 11th St. Bay City NI 48708		·
5. If over \$100.00 cumulative, please provide:	25:00	
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #3 PAC Receipt? ロYES 4. Date of Receipt ユース GーC こ	· ·	
Name: Kelly Snyder		
Address: 1204 Flm Bay City MI 48708		
5. If over \$100.00 cumulative, please provide:	<i>30.00</i>	
OccupationEmployer		
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #4 PAC Receipt? Types 4 Date of Poppint 7-3/6 0 2		
Name: Jeanne Seabald		
Address: 2828 S. Euclid Ave. Boy City Mt 48706	_	
5. If over \$100.00 cumulative, please provide:	50.00	
OccupationEmployer		
Business Address	į	
Type of Contribution: Direct Loan from a person Fund Raiser	_	
Page Subtotal Grand Total of All Schedules 1A	10500	
(Complete on last page of Schedule)	105.00	
-		

Enter this total on line 3a of Summary Page

2	0
Page of _	



1. Committee I.D. Number	(50053
2 Committee Name Cours	ites to Hort Daviel & Bancos

Enter contributor's name and address. If contribution is 7		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ロYES 4. Date of Receipt <u>マース</u> 6 つ	_	date of receipt)
Name: Dennis Poirer		
Address: 1265 Orchard Road Essexville MI 48732		
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct Dican from a person Fund Raiser		
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt <u> </u>		
Name: Arlene Bush		•
Address: 2100 11th St. Bay City NI 48708		
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer		
Business Address		
Business Address Type of Contribution: Direct		·
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt ☐ ☐ ☐ ☐ ☐		
Name: Kelly Jnyder		
Address: 1204 Flm Bay City MI 48708		
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #4 PAC Receipt? TYES 4. Date of Receipt 2-26-02 Name: Jeanne Seabald		
Address: 2828 S. Euclid Ave. BayCity MI 48706		
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer		
Business Address	1	
Type of Contribution: Direct		
Page Subtotal Grand Total of All Schedules 1/ (Complete on last page of Schedule)	12.00	
	Enter this total on line 3a of	•

Page 7 of 9

Authority granted under P.A. 388 of 1976

CFR 4/2000-c-1a



. Committee I.D. Number	<u> 150</u>	05	3_	
	 ,	_		

2. Committee Name Carmittee to Flect Pennis W. Bunaseak

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? □ YES 4. Date of Receipt		
Name: Earl Bovia		
Address: 4526 Mocasa Ct Bay City MI48706	3.00	
5. If over \$100.00 cumulative, please provide:	5.00	
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt 2 - 26 - ○ 2		
Name: George Atkins (SBBSNET)		
Address: 5859 Sherman Rd. Saginaw MI 48604		
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer	_	·
Business Address		
Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? □ YES 4. Date of Receipt <u>Q マルー</u>		
Name: Dr. Terry Campbell .		ĺ
Address: 2710 Brandon Place Saginaw MI 48601	. 0 00	
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt ☐ ☐ ☐ ☐ ☐		
Name: Gary Niethammer		
Address: 5600 River Rd. Freehand MI 48623		
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer		·
Business Address		
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	12.00	
	ĺ	
	J	

Enter this total on line 3a of Summary Page

Page <u>8</u> of <u>9</u>

Authority granted under P.A. 388 of 1976

CFR 4/2000-c-1a



1. Committee I.D. Number	150053	·
2. Committee Name	niffeeto Elect PennisW.	Banascak

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? □ YES 4. Date of Receipt □ 3-26-0 Z	<u> </u>	date of receipt)
Name: William Saia		
Address: 2959 W. River Road Midburd MI 4864Z	2 00	
5. If over \$100.00 cumulative, please provide:	3.00	
OccupationEmployer	; 	
Business Address Type of Contribution: Direct		
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt 2-26-02		
Name: Christsue Rupp		
Address: 175 S. Lincoln Road Box Gty MI 48708		
5. If over \$100.00 cumulative, please provide:	7 00	
OccupationEmployer	3.00	
Business Address Type of Contribution: Direct		
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt		
Name: Kip and Sandy Burns .		
Address: 508 14th St. Bay City MI 48708		
5. If over \$100.00 cumulative, please provide:	3.00	
Occupation Employer		
Business Address		
Business Address Type of Contribution:		
3. Contributi Name:		
Address: ((
5. If over \$1		
Occupation _		
Business Add		
Type of Contraction Land Raiser		
Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule)	9-00 1 88 00	
, , , , , , , , , , , , , , , , , , ,	10000	

Enter this total on line 3a of Summary Page

Authority granted under P.A. 388 of 1976

CFR 4/2000-c-1a

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DEBTS AND OBLIGATIONS SCHEDULE 1E

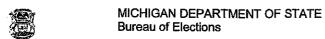
150053 1. Committee I.D. Number

|--|

CANDIDATE COMMITTEE					
This Schedule itemizes:					
a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.					
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes. Owed to or by: Demnis W. Banasza K If bank loan, name of endorser or guarantor:	4. Type: LOAN Code LN 5. Date Debt Was Incurred: 1-1-02 6. Original Amount of Debt: \$ 600.00	_/_/ \$ _/_/ \$ _/_/ \$ _/_/ \$ _/_/ \$	\$	\$ <u>600-00</u> □ FORGIVEN	
The state of the s			Troum Endorsed. 5		
Debt #2 Corp? ☐ Yes	4. Type:	_/_/_\$			
Owed to or by:	Code	/\$			
	5. Date Debt Was Incurred:				
	J. Date Debt was incurred:		\$		
	6. Original Amount of Debt:				
	\$			☐ FORGIVEN	
	l	/ / Ψ	{	}	
If bank loan, name of endorser or guarantor:		,	mount Endorsed: \$		
Debt #3 Corp? ☐ Yes	4. Type:	//\$			
Owed to or by:		, , ,			
	Code		·		
	5. Date Debt Was Incurred:	//_\$			
	6. Original Amount of Debt:	_ / / \$			
	\$, , ,		☐ FORGIVEN	
If bank loan, name of endorser or guarantor: Amount Endorsed: \$					
		Page Subtotal (Ou	tstanding debt)	600.00	
Grand Total of all Schedules 1E					
(Complete on last page of Schedule showing amounts owed by or to the committee) Enter this to					
PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.					

Page ____ of ___Authority granted under P.A. 388 of 1976

CFR REV 7/1999c-1e



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

1. Committee I. D. Nu	mber
2 Committee Name	Committee to Flort Dennie L. Banacad

CANDIDATE COMMIT		20111120	EJUAN JE CAP
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of in-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name Jerome Babinski Address: 720 5. Jackson Bay C ty MJ 48708 If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others-LOAN Description — Fond Raiser Tickets 5. Date Of Receipt: ☐ 2 35 - 0 2 6. Vendor Name & Address:	37. <i>5</i> 0	
Contribution # 2 PAC Receipt? Yes Name Terome Bakinski Address: 720 5. Tacksov Bay City MT 48708 If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4.	37.50	
Contribution #3 PAC Receipt? Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4.		
	Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	65.00 65.00	,

Enter this total on line 6 of Summary Page

200	αf	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name Committee

CANDIDATE COMMITTEE			2 0 2 2 1 C 2 2 2 2 1
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name Gordon Food Service	Purpose: Food and Supplies		-
Address Wilder Road Bour City	Expenditure Code <u>FE</u>	2/22/02	22.18
Bay City Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Gordon Food Service	Purpose: Food and Supplies	1- : (_
Address Wilder Road Bay City	Expenditure Code <u>F</u>	12/24/02	5.99
🖼 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.	-	
Expenditure #3			
Name Meijer's Address Pine Street	Purpose: tood		
Address Pine Street	Expenditure Code <u>F</u>	2/24/02	20.59
Say City Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Meijers	Purpose: Food		
Address Pine Street	Expenditure Code <u>F</u>	SOPPER	17.51
Bay City	☐ Check box if this expenditure is payment		
Fund Raiser	of debt or obligation reported on previous statement		-
Expenditure #5	1.1 0 1.1		
Name St James Parish	Hall Rental Purpose: and Insurance		
Address Columbus Avenue	Expenditure Code RE/IN	2/25/02	200.00
Bay City MT Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
			7/4/ 27
	Subtotal this Grand Total of all Schedul		266.27

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150053

2. Committee Name Committee to Flect D.

CANDIDATE COMMITTEE 2.0	Committee Name Cover The To Picci		
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1	T T	<u> </u>	
Name Gordon Food Service	Purpose: Food + Supplies		
Address B Wilder Road B. Cili	Expenditure Code <u>F</u>	a/25/0Z	318.98
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Dans ISA	Purpose: Food		~ × ~
Address Lafayette Alle.	Expenditure Code FE	2126/02	8.65
Fund Raiser City	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name Gordon Food Service	Purpose: Food+5-pplie5	·	
Address Wilder Road	Expenditure Code FE	2/0/02	19.80
Bay City Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name St. James Parish	Hall Rental Purpose: <u>Insurance</u>		
Address Columbus Ave.	Expenditure Code <u>KE/LN</u>	4/08/02	10000
Bay City Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		-
Expenditure #5			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
			10/742

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)

on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

of _____ CFR Rev 9/1999f

1. Committee I.D. Number 150053

2. Committee Name Sammittee to Flect Dennis W. Banascak

- USE A SEPARATE SHEET FOR EACH EVENT -			
3. Date Event Was Held 3. Date Event Was Held A Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity ちゅっく シングタミイ	6. Address and Name (If any) of the place where the activity was held St. James Cafeteria Private Residence
7. Total Contributions of \$20.00 8. Total Contributions of \$20.01 9. SUBTOTAL (Add lines 7 and 0. Other Receipts 1. Gross Receipts (Add lines 9 2. Total Cost of Event* 3.	or more	3 (0.00 .00 .00 .00 *Inclu	udes In-Kind Contributions and A enditures Made For the Event
Co-Sponsor(s)	Contribution S (%)	plit	Expenditure Split (%)

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule

(1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Authority granted under P.A. 388 of 1976

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

Page _____ of ____ CFR Rev 9/1999f

Committee I.D. Number ____150053

2. Committee Name Committee to Elect Dennis W. Barraszak

		f Individuals Attending ng (whichever is	5. Type of Fund Raising A Soup Supper	· ·	6. Address and Name (If any) of the place where the activity was held Tames Cafete Private Residence
tal Contributions of \$20.00 o	or less _	25.	00		
tal Contributions of \$20.01 o	or more _	BO.	00		
BTOTAL (Add lines 7 and 8	3) _	105.	00		
her Receipts	_	0			
oss Receipts (Add lines 9 a	nd 10) _	105.	00		
tal Cost of Event*	_	100.00	0	*Inclu	des In-Kind Contributions and
Check if event was a joint	fund raise	er and complete the	following:	Exper	nditures Made For the Event
Check if event was a joint Co-Sponsor(s)	fund raise	er and complete the Contribution S (%)	-	Exper	nditures Made For the Event Expenditure Split (%)
·	fund raise	Contribution S	-	Exper	Expenditure Split
·	fund raise	Contribution S	-	Exper	Expenditure Split
·	fund raise	Contribution S	-	Exper	Expenditure Split
·	fund raise	Contribution S	-	Exper	Expenditure Split
·	fund raise	Contribution S	-	Exper	Expenditure Split
·	fund raise	Contribution S	-	Exper	Expenditure Split
·	fund raise	Contribution S	-	Exper	Expenditure Split

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**



STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.

SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 150053				
2. Type of Filing a. ☐ Original OR b. ☑ Amendment to Item(s)# 10 c. Date Change(s) Took Place £13613003 3. Full Name Of Committee (must include candidate's first and last name) Committee to Flect Dennis W. Banaszak				
4. Candidate Last Name Bangszak First Name Dennis M.I. W				
4a. County of Residence Bay 4b. Political Party (If applicable) Republican				
4c. Driver License # (Optional)				
4d. Office Sought: (Check one)				
Governor				
Date Committee Was Formed (Mo/Day/Yr)				
(masayi ii)	6. Committee Area Code and Phone Number (199) 9933624			
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)			
617 14th St. Bay City MI 48708	GIT 14th St. Bay City MI 48708			
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) Candidate (Same)	9. <u>Designated Record keeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Candidate (Same)			
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)			
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.				
 Names and Addresses of depositories or intended depositories of comm (Bank, Credit Union or Savings & Loan Association) 	ittee funds. 12. This item applies only to a Gubernatorial Candidate Committee.			
11a. Official Depository: Communications Federal	Credit Union Deck if this committee intends to seek			
11b. Secondary Depository:	qualifying contributions for public funding.			
13. Verification: NWe certify that all reasonable diligence was used in the preposition of the best of my/our knowledge or belief. Current Treasurer Dehnis W Bawas Zak Wull Signatu Candidate Dennis W Bawas Zak Wull Signatu Type or Print Name Signatu	J. Baushal Date 7-26-02			

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 150053				
2. Type of Filing a. \square Original OR b. \square Amendment to Item(s)# \bigcirc c. Date Change(s) Took Place \bigcirc \bigcirc \bigcirc \bigcirc				
3. Full Name Of Committee Conum. to Elect Dennis W. Banaszak				
4. Candidate Last Name First Name M.I.				
4a. County of Residence 4b. Political Party (If applicable)				
4c. Driver License # (Optional)				
4d. Office Sought: (Check one)				
Governor □Lt. Governor □ State Senator □ State Representative □ Secretary of State Board of Education □ Bd of Regents UM □ Bd of Trustees MSU □ Bd of Gov WSU □ Attorney General □ Court of Appeals □ District Court □ Probate Court □ Detroit Recorders Court □ Supreme Court Justice □ Circuit Court				
4e. District # or Jurisdiction	Local or Other (Please Specify			
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number			
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> belP. O. Box)			
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) 9. <u>Designated Recordkeeper.</u> Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.				
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)			
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.				
11. Names and Addresses of depositories or intended depositories of committee	tee funds. 12. This item applies only to a Gubernatorial Candidate Committee.			
11a. Official Depository:	☐ Check if this committee intends to seek			
11b. Secondary Depository:	qualifying contributions for public funding.			
13. Verification: I\We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my\our knowledge or belief.				
Current * Treasurer				
Type or Print Name Signature Candidate Dennis W. Bonasza L. Signature Type or Print Name Signature	Date 2. 4,00			

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. 50053			
2. Type of Filing a. Original OR b. Amendment to Item	(s)# 3 c. Date Change(s) Took Place $\sqrt{3}$ / $\sqrt{2}$ / $\sqrt{00}$		
3. Full Name Of Committee Committee to Elect Dennis W. Banaszak			
4. Candidate Last Name Banaszak First	Name Dennis M.I. W		
4a. County of Residence Bay	4b. Political Party (If applicable) Republican		
4c. Driver License # (Optional)	*		
4d. Office Sought: (Check one)	•		
Governor			
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number		
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)		
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.		
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)		
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.			
 Names and Addresses of depositories or intended depositories of commit (Bank, Credit Union or Savings & Loan Association) 	ittee funds. 12. This item applies only to a Gubernatorial Candidate Committee.		
11a. Official Depository:	☐ Check if this committee intends to seek		
11b. Secondary Depository:	qualifying contributions for public funding.		
13. Verification: I/We certify that all reasonable diligence was used in the prep complete to the best of my/our knowledge or belief. Current Treasurer Devin S W Banaszak Mauria Type or Print Name Signatur Candidate Dennis W. Banaszak Welman Signatur Type or Print Name Signatur	W. Burgal Date 8 1 00 Bright Bright Bate 8 1 00		



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

THE POWER SET OF THE PO	OPDATING PROCEDURES. FOR OFFICIAL USE ONLY	
1. Committee Identification No. 150053		
2. Type of Filing a. Original OR b. Amendment to Item	c. Date Change(s) Took Place 10 /12 /98	
3. Full Name Of Committee Committee to Elect	Banaszak 7th District Commissioner	
\mathcal{D}	Name Dennis M.I. W	
4a. County of Residence Bay	4b. Political Party (If applicable) Republican	
4c. Driver License # (Optional)4d. Office Sought: (Check one)		
☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Co		
Local or Other (Please Specify) County Commissi	oner 4e. District # or Jurisdiction <u>District 7</u>	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number 517-893-8024	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 617 14th Street Bay City MI 48708	7a. Committee Street Address (May <u>not</u> be P. O. Box)	
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) Candidate	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Candidate	
Area Code and Phone Driver License # (Optional)	Area Code and Phone Drive, License # (Optional)	
11. Names and Addresses of depositories or intended depositories of committed the Communications Family Cre	ee funds. 12. This item applies only to a Gubernatorial Candidate Committee.	
11b. Secondary Depository:	☐ Check if this committee intends to seek qualifying contributions for public funding.	
13. Verification: I\We certify that all reasonable diligence was used in the prepared to the best of my\our knowledge or belief.	aration of the above statement, and that the contents are true, accurate and	
Current Dennis W. Banaszak, News & Type or Print Name Signature	Date 10 Z1 98 Mo. Day Year	
Candidate <u>Jennis</u> W. <u>Banaszaki</u> <u>Nemus</u> L Type or Print Name	Date 10 21 98 Mo. Day Year	



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR LIBRATING PROCEDURES.

ON THE FORM CHANGES, SEE INSTRUCTIONS ON REVERSE FOR	R UPDATING PROCEDURES.	FOR OFFICIAL USE ONLY
1. Committee Identification No. 150053	:	
2. Type of Filing a. ☐ Original OR b. ☑ Amendment to Item	c. Date	Change(s) Took Place 7 /30/97
3. Full Name Of Committee Committee to ele	et Banasza	c Mayor
	Name Dennis	M.I. (-)
4a. County of Residence Bay	4b. Political Party	(If applicable)
4c. Driver License # (Optional) 4d. Office Sought: (Check one)		
☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Co	epresentative	☐ Court of Appeals ustice ☐ Circuit Court
5. Date Committee Was Formed 6-19-97 (Mo/Day/Yr)	6. Committee Area Code and	Phone Number (517) 89386 24
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 617 14th St. BayCity MI 49708	7a. Committee Street Addres	is (May <u>not</u> be P. O. Box)
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	than the treasurer) who will b	er. Name and address of the person (other e responsible for the committee's records and If committee treasurer will handle these m blank
Area Code and Phone Driver License # (Optional)	Area Code and Phone	Drive, License # (Óptional)
10. ☐ REPORTING WAIVER The committee does NOT expect to receive or automatically lost if the committee exceeds the \$1,000 threshold. (Direct and \$1,000.00 Reporting Waiver threshold.) Funds left over from one election courrequest for a Reporting Waiver is not received on or before the filing dea cannot be waived.	in-kind contributions, expendit	ures and outstanding debt count against the
11. Names and Addresses of depositories or intended depositories of committed that Official Depository: Mutual Savings Bank	ee funds.	12. This item applies only to a Gubernatorial Candidate Committee.
11b. Secondary Depository:		Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I\We certify that all reasonable diligence was used in the prepared to the best of my\our knowledge or belief.	aration of the above statement	and that the contents are true, accurate and
Current Treasurer Type of Print Name Signature Candidate Candida). Baragal	Date 6 7 9 7 Mo. Day Year
Candidate Number W. Whatele / Denvis W. Type or Print Name Signature	Danaszak	Date Day Year



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.			OFFICIAL USE ONLY
the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From: 10-23-00 Mo Day Year	O To: 11 - 27 - OO Mo Day Year
1. Committee I.D. Number 150053	4. Candidate La	ast Name First Na	ame M.I.
2. Committee Name	Ban	aszak Denn	•
Committee to Elect	4a. Office Sought	Including District # or Community Se	erved (if applicable)
	Distr	ict 7 County (Commissioner
Dennis W. Banaszak	4b. County of Res	Sidence Driver License	# (Optional)
5. Committee's Mailing Address	6. Treasurer's Na	me & Residential Address	
617 14th St. Bay City, MI 48708	Can	didate (Same	
Area Code and Phone (517) 893-80 24		•	
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may		ne () Optional)	
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.			
7. Treasurer's Business Address	8. Designated Rec	cord keeper's Name and Mailing Add	ress (If the committee has 2
Candidate			
	Cav	ididate 1	50 - 9
Area Code and Phone ()	Area Code and Pr	none <u>(</u>)	PE NO S
	Driver License # (6	Optional)	
9. TYPE OF STATEMENT			7 2 m
9a. 🗆 Pre-Election OR 9b. 🗡 Pos	t-Election	9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign 9c or 9e to indicate which Stateme	Statement (Complete Item 9a, 9b,
☐ Primary ☐ Gen	eral	9e Dissolution of Candidate C	
☐ Convention ☐ Scho			te of Dissolution
☐ Special ☐ Cau	cus		
Date of Election, Convention or Caucus	-		Day Year
11 7 00		outstanding debts, including late fill residual funds must be reported on	that the committee has no assets or ing fees. Note: The disposition of Schedule 1B and the Summary
Month Day Year			
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, evif any of the information listed in items 2, 4, 5, 6, 7, or 8 has charamendment to the Statement of Organization should accompaned to the filing deadline of a required campaign statement.	ll required Campaign	n Statements. The Campaign Staten	nents must include all applicable
amendment to the Statement of Organization should accompany	anged since the info ry this Campaign St	rmation was shown on the committee atement. If a request for a Reporting	e's Statement of Organization, an
bolore the ming deadline of a required campaign statemen	i, that campaign st	atement cannot be waived.	S
10. Verification: I/We certify that all reasonable diligence was a	and in the warment		
10. Verification: I/We certify that all reasonable diligence was us my/our knowledge and belief the contents are true, accurate an	d complete.	on or this statement and attached sch	edules (if any) and to the best of
Current Treasurer or Designated Record keeper Dewn's W. Banasza Type or Print Name	K Deniv	W. Banasal	_ Date 12 .4.00
Candidate Dennis W. Banaszak Type or Print Name	/ Devis	W. Barasiak	Date 2 · 4 · 00
	olgitatui	<u> </u>	Mo Day Year



1. Committee I.D. Number

150053

2. Committee Name Committee to Elect Dennis W. Banaszak

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ 16.00	(18.)\$ <u>560.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 566.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		· ·
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.)" \$	(21.)\$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.)\$
EXPENDITURES		, ,
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	-100
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>90.16</u>	(23.)\$ 560.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	•	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	792.59	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 6 (A. (5)	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 72.16	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$	
15. SUBTOTAL Add lines 13 and 1416. Amount expended during reporting period	(16.)-\$ 82.16	•
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$*	
(Subtract line 16 from line 15)	· .	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

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CANDIDATE (COMMITTEE	2. Committee Name Comm	mittee to Flect	Jennisw. Bonasza
Enter contributor's name and address. middle initial. Check box to indicate if Committee. (PAC) Report all contribut	contribution is from a Political Con ions from committees regardless of	nmittee or an Independent of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Recei	pt? ☐ YES 4. Date of Rece	ipt 10-31-00	1810 OD	
Name: Chester (Kuth)	Andrzejewski		\$10.00	\$10.00
Address: 1904 5. Van	Buren. Bay Cit	ty. MI 48708		·
5. If over \$100.00 cumulative, please	provide:	11 101-0		
Occupation	Employer		<u> </u>	
Business Address				
Business Address Type of Contribution: Direct	Loan from a person	☐ Fund Raiser		
Contribution #2 PAC Recei	pt? ☐ YES 4. Date of Rece	elpt		
Name:				
Address:				
5. If over \$100.00 cumulative, please	provide:			
Occupation	Employer			
Business Address				
Business Address	☐ Loan from a person	☐ Fund Raiser		
3. Contribution #3 PAC Receipt	ot? □ YES 4. Date of Recei			
Name:				
Address:				
5. If over \$100.00 cumulative, please	provide:			
Occupation	Employer			
Business Address		·		
Business Address Type of Contribution: Direct	☐ Loan from a person	☐ Fund Raiser		
3. Contribution #4 PAC Recei	pt? ☐ YES 4. Date of Rec	eipt		
Address:				
5. If over \$100.00 cumulative, please	provide:			
Occupation	Employer			
Business Address	•	·····		
Type of Contribution: Direct	Loan from a person	☐ Fund Raiser		
	Gra (Complete on	Page Subtotal and Total of All Schedules 1A last page of Schedule)	\$10.00	
			Enter this total on line 3a of Summary Page	

					Summary Page	
Page	of	Authority granted under P.A. 388 of 1976	CFR	4/2000-c-1a		



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150053

CANDIDATE COMMITTEE 2. C	committee Name Committee 10 Lie	c) renn	19 W Danas
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name Committee to Elect Dennis W. Borns	Purpose: Xfer balance to Jebt	12/4	82.16
Address 617 14th St Bay City, MI 48708	Expenditure Code LO		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		i i	
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name	Purpose:		
Address	Expenditure Code		·
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name	Purpose:		
Address	Expenditure Code		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this	2200	52.16
	Grand Total of all Schedule	s 1B	52.16 52.16
	(Complete on last page of Sche	edule)	90.16

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page of	Authority granted under P.A. 388 of 1976	CFR Rev 7/1999c-1b



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 156053

2. Committee Name Committee to Elect Dennis W. Banasza
7. Committee Name Covidant like to MECL DEVANDO: 17/00/2019

CANDIDATE CO	OMMITTEE				
This Schedule Itemizes:					
a. Debts and obligation	ns owed <u>by</u> or forgiven the c Chec	ommittee OR b. L. I ck either a or b. Use only for the pi	Debts and obligations owed purpose checked)	to or forgiven by th	e committee.
Name and Mailing Addrefinancial institution to whon Check box to indicate whet incorporated business. If o provide information regardiguarantors, if any.	ess of person, vendor or n debt is owed. her debt is owed to an lebt is a bank loan, please	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by:	Corp? ☐ Yes	4. Type:			
Dennis W. P.	1	Code	/\$		
Jennis W.E	ianas 2017	5. Date Debt Was Incurred:	<u> </u>	s 82.16	\$ 792.59
		6. Original Amount of Debt:		φ	
.4		\$ 874.75			☐ FORGIÝEN
if bank loan, name of endo	rser or guarantor:		<u>. </u>	mount Endorsed: \$	
Debt #2	Corp? ☐ Yes	4. Type:	_/_/_\$	·.	
Owed to or by:	·	Code	\$		
		5. Date Debt Was Incurred:	/\$		
		6. Original Amount of Debt:		\$	
		\$			FORGIVEN
If bank loan, name of endo	rser or quarantor:	•		Amount Endorsed: \$	•
Debt #3 Owed to or by:	Corp? 🛘 Yes	4. Type:		,	
		Code			
		5. <u>Date Debt Was Incurred</u> :	/\$		
		6. Original Amount of Debt:			
		\$			FORGIVEN
If bank loan, name of endor	rser or guarantor:			Amount Endorsed:	\$
			Page Subtotal (Ou	tstanding debt)	792 59
	(Comp	lete on last page of Schedule sho	Grand Total of al wing amounts owed by or to		792.59
PLEASE REFER TO INSTI	RUCTIONS FOR LIST OF E	EXPENDITURE CODES			Enter this total on line 12a "owed by"" or line 12b "owed
		ıle if there was an outstanding a the period covered by this Cam		losing date of	to" of the Summary Page

Page of	Authority gra	anted under F	P.A. 388	of 1976
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CANDIDATE COMMITTEE COVER PAGE

FREPCO. CLERK OCT 27 4 50 PH *00

report must be legible, typed or printed in ink and signed by	DAY O O PER OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 8 28 00 To: (0-22-00 Year Mo Day Year
1. Committee I.D. Number 2. Committee Name Committee Ho Flect Dennis W. Banaszak 5. Committee's Mailler A. H.	4. Candidate Last Name First Name M.I. Banaszak Dennic 4a. Office Sought Including District # or Community Served (If applicable) District 7 County Commission er 4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address (a)7 (A) H. Bay City, MX 49709 Area Code and Phone 517) 993-8024 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address Candidate Same Area Code & Phone Driver License # (Optional)
7. Treasurer's Business Address Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Candidate Area Code and Phone () - Driver License # (Optional)
9. TYPE OF STATEMENT	Office Electise # (Optional)
_	00
Pre-Election or Post-Election Statement relates to: Primary Convention School Special Date of Election, Convention or Caucus	Effective Date of Dissolution Month Day Year
Pre-Election or Post-Election Statement relates to: Primary Convention School Special Date of Election, Convention or Caucus Month Day Year	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Pre-Election or Post-Election Statement relates to: Primary Convention School Special Date of Election, Convention or Caucus Month Day Year	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. If required Campaign Statements. The Campaign Statements must include all applicable openditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
Pre-Election or Post-Election Statement relates to: Primary Convention School Special Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file at Schedules. Direct contributions, in-kind contributions, loans, exif any of the information listed in items 2, 4, 5, 6, 7, or 8 has charmendment to the Statement of Organization should accompar before the filing deadline of a required campaign statement,	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. If required Campaign Statements. The Campaign Statements must include all applicable spenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. The committee's Statement of Organization, an any this Campaign Statement are request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
Pre-Election or Post-Election Statement relates to: Primary	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, IIWe certify that the committee has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. Ill required Campaign Statements. The Campaign Statements must include all applicable committees, and outstanding debts count against the \$1,000 Reporting Waiver threshold. The Campaign Statement of Organization, an only this Campaign Statement if a request for a Reporting Waiver is not received on or that campaign statement cannot be waived. Seed in the preparation of this statement and attached schedules (if any) and to the best of the preparation of this statement and attached schedules (if any) and to the best of the preparation of this statement and attached schedules (if any) and to the best of the preparation of the preparation of this statement and attached schedules (if any) and to the best of the preparation of this statement and attached schedules (if any) and to the best of the preparation of this statement and attached schedules (if any) and to the best of the preparation of this statement and attached schedules (if any) and to the best of the preparation of the preparation of this statement and attached schedules (if any) and to the best of the preparation of the pre



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 156653	
2. Committee Name Committee to Elect	_
Dennis W. Banaszak	-

PECEINTS		
RECEIPTS 3 Contributions	Column 1 This Period	Column II Cumulative this election cycle
3. Contributions	Æ	Samulato and dicogon cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$ 550.06
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.)\$ 550.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>·</u>	(22.) \$
EXPENDITURES	,	
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	1 - 21
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ 477. 84
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	•	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	404.0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$(11.) \$	6
DEBTS AND OBLIGATIONS 12. Debts and Obligations	and or	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)\$ 73.(6	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	
15. SUBTOTAL Add lines 13 and 14	(15.) = 72.16	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	
17. ENDING BALANCE	(17.)\$ 72.16.	
(Subtract line 16 from line 15)		

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

CFR Rev 7/1999c-sum

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